

CMS Snapshot

November 2-9, 2023

Delivered to you by the Partner Relations Group in the Office of Communications

All releases below are from 2pm Thursday, November 2 through 2pm Thursday, November 9, 2023

News Releases

- *November 2- CMS Finalizes Physician Payment Rule that Advances Health Equity. Final policies will expand behavioral health services, advance the President's Cancer Moonshot, support family caregivers, and accelerate value-based care. Today, the Centers for Medicare & Medicaid Services (CMS) announced it is finalizing policies to support primary care, advance health equity, assist family caregivers and expand access to behavioral and certain oral health care. These policies are included in the calendar year (CY) 2024 Medicare Physician Fee Schedule (PFS) final rule, which also provides payment for principal illness navigation services to help patients and their families navigate cancer treatment and treatment for other serious illnesses, supporting the Biden-Harris Administration's Cancer Moonshot mission to accelerate the fight against cancer.
- *November 2- CMS Makes Hospital Prices More Transparent and Expands Access to Behavioral Health Care. Final Rule Fills Gaps in Behavioral Health Services Under Medicare to Improve Health Outcomes. Today, the Centers for Medicare & Medicaid Services (CMS) announced it is expanding access to behavioral health services for people with Medicare through coverage of intensive outpatient services and that it is making it easier for the public to learn what a hospital charges for items and services through improved hospital price transparency requirements. These policies are included in the calendar year (CY) 2024 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) final rule with comment period released today, which also updates payment rates by 3.1% for hospital outpatient and ASC services for calendar year 2024.
- *November 3- CMS Roundup (Nov. 3, 2023). Today, the Centers for Medicare & Medicaid Services (CMS) provides an at-a-glance summary of news from around the agency.
- *November 3- The Biden-Harris Administration is taking actions to improve the health of rural communities and help rural health care providers stay open. The Biden-Harris Administration is taking actions to improve the health of rural communities and help rural health care providers stay open.

- *November 6- <u>Biden-Harris Administration Proposes to Protect People with Medicare</u>
 <u>Advantage and Prescription Drug Coverage from Predatory Marketing, Promote Healthy</u>
 <u>Competition, and Increase Access to Behavioral Health Care in the Medicare Advantage</u>
 <u>Program</u>. Today, the Biden-Harris Administration is proposing important steps to strengthen
 Medicare Advantage and the Medicare Prescription Drug Benefit Program (Part D). As part of
 his Bidenomics agenda, President Biden has worked to increase competition in the health care
 industry and other sectors, lower costs for families, and make sure every American has access
 to affordable, high-quality health care.
- *November 6- HHS Announces Top Health Centers for Clinical Quality Excellence. Today, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), announced the top 10 percent of health centers receiving a Gold Health Center Quality Leader badge for their achievements in improving health outcomes and providing high-quality care for patients in rural and underserved communities. The digital badges, part of the Community Health Quality Recognition (CHQR) badge program, honor the health centers across the country that have attained the best overall clinical quality performance.
- *November 7- HHS Secretary Becerra's Statement on the Bipartisan Confirmation of Monica Bertagnolli for NIH Director. Today, U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra released the following statement on the Senate's bipartisan vote to confirm Dr. Monica Bertagnolli as the Director of the National Institutes of Health (NIH).
- *November 8- <u>Biden-Harris Administration Launches 'Birthing-Friendly' Designation on Web-Based Care Compare Tool</u>. *User-friendly tool helps identify hospitals and health systems committed to providing high-quality maternity care*. Today, the Centers for Medicare & Medicaid Services (CMS) will begin displaying the 'Birthing-Friendly' designation icon on CMS's <u>Care Compare</u> online tool. CMS created the new designation to identify hospitals and health systems that participate in a statewide or national perinatal quality improvement collaborative program and that implement evidence-based care to improve maternal health. The public can use the Care Compare tool along with a complementary <u>interactive map</u> to find a hospital or health system with the 'Birthing-Friendly' designation in their area. Today's action is one of many key efforts being implemented as part of the <u>White House Blueprint for Addressing the Maternal Health Crisis</u> and is part of Vice President Harris' nationwide call to action <u>to reduce maternal mortality and morbidity</u>. It also meets a milestone in the <u>CMS Maternity Care Action Plan</u>.
- *November 8- Readout of HHS Secretary Becerra's Roundtable on Contraception Access. U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra hosted a roundtable to hear from medical providers, reproductive health experts, and data scientists to understand barriers to reproductive health research following the *Dobbs v. Jackson Women's Health Organization* decision. The group shared insights about the impact of *Dobbs* on contraception

access and use, best practices for person-centered service delivery, and innovation in contraceptive methods.

Fact Sheets

- *November 2- Hospital Outpatient Prospective Payment System (OPPS): Remedy for the 340B-Acquired Drug Payment Policy for Calendar Years 2018-2022 Final Rule (CMS 1793-F). On November 2, 2023, in light of the Supreme Court's decision in *American Hospital Association v. Becerra* (142 S. Ct. 1896 (2022)) and the district court's remand to the agency, the Centers for Medicare & Medicaid Services (CMS) issued a final rule outlining the remedy for the invalidated OPPS 340B-acquired drug payment policy for Calendar Years 2018-2022. CMS is publishing this final rule to remedy the payment rates the Court held were invalid. Aspects of this finalized policy will affect nearly all hospitals paid under the OPPS.
- *November 2- <u>Calendar Year (CY) 2024 Medicare Physician Fee Schedule Final Rule Medicare Shared Savings Program Fact Sheet</u>. On November 2, 2023, the Centers for Medicare & Medicaid Services (CMS) issued the calendar year (CY) 2024 Medicare Physician Fee Schedule (PFS) final rule that includes changes to the Medicare Shared Savings Program (Shared Savings Program) to further advance CMS' overall value-based care strategy of growth, alignment, and equity. These changes include refinements to the broader changes finalized in the CY 2023 PFS final rule (87 FR 69404, 69777 through 69968 (Nov. 18, 2022) and also described in the <u>CY 2023 Medicare Physician Fee Schedule Final Rule Medicare Shared Savings Program Fact Sheet</u>.
- *November 6- Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Plan Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly, and Health Information Technology Standards.

 Background- On November 6, 2023, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that would revise the Medicare Advantage Program (MA), Medicare Prescription Drug Benefit Program (Part D), Medicare Cost Plan Program, Programs of All-Inclusive Care for the Elderly (PACE), and Health Information Technology Standards and Implementation Specifications. The proposed policies build on existing Biden-Harris policies to strengthen beneficiary protections and guardrails to promote healthy competition and ensure Medicare Advantage plans best meet the needs of beneficiaries. In addition, these proposed policies would promote access to behavioral health care providers, promote equity in coverage, and improve supplemental benefits.

<u>Blogs</u>

*November 6- Important New Changes to Improve Access to Behavioral Health in Medicare. Meena Seshamani, MD, PhD, and Douglas Jacobs, MD, MPH. As we emerge from the COVID-19 public health emergency, it is increasingly clear that we must swiftly improve access to effective mental health and substance use disorder (collectively called behavioral health) treatment in

order to meet the growing demand for such services. For older Americans and people with disabilities enrolled in Medicare, many individuals have felt the effects of worsening depression and anxiety or have struggled with the use of substances like opioids or alcohol. As doctors, we have seen first-hand how behavioral health treatment can improve the health and well-being of our patients. The Centers for Medicare & Medicaid Services (CMS) is pleased to announce new finalized policies that create some of the most significant changes to promote access to behavioral health in the history of the Medicare program.

*November 7- The U.S. Department of Health and Human Services Is Taking Action to Strengthen Primary Care. By: Rachel Levine M.D., Assistant Secretary for Health (ASH), R. Burciaga Valdez PhD, MHSA, Director, Agency for Healthcare Research and Quality, Chiquita Brooks-LaSure MPP, Administrator, Centers for Medicare & Medicaid Services, Jeff Hild JD, Acting Assistant Secretary, Administration for Children and Families, Micky Tripathi PhD, MPP, National Coordinator for Health Information Technology, Roselyn Tso MS, Director, Indian Health Service, <u>Dr. Miriam Delphin-Rittmon Ph.D.</u>, Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration (SAMHSA) and Carole Johnson MA, Administrator, Health Resources and Services Administration. Summary: The Department of Health and Human Services has released a new issue brief on primary health care. Why We Need to Strengthen Primary Care Reprinted by permission of the National Academy of Medicine. The U.S. Department of Health and Human Services (HHS) recognizes that effective primary care is essential for improving the health and well-being of individuals, families, and communities and advancing health equity. It is well documented that health systems with a robust primary care base provide better access to health services and have improved health outcomes, lower mortality, and more equity. Strong primary care can also result in significant cost savings.

*November 9- Check out 2024 Marketplace coverage options- find, compare, & save! Before you apply, check out 2024 coverage options in the Marketplace and get an idea if you qualify for savings. Answer a few quick questions to preview plans and prices before enrolling or renewing coverage for 2024 — you don't even have to log in! Enroll by December 15 for coverage that starts January 1.